

PROCESS RECEIPT AND RETURN

U.S. Department of Justice
United States Marshals Service

40

PLAINTIFF	DARRYL ORRIN BAKER	COURT CASE NUMBER	CA-05-0147
DEFENDANT	FEDERAL BUREAU OF PRISONS	TYPE OF PROCESS	CIVIL
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN FEDERAL BUREAU OF PRISONS ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 320 FIRST STREET, N.W. WASHINGTON, D.C. 20534		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
DARRYL ORRIN BAKER REG. NO. # 19613-039 FEDERAL PRISON CAMP P.O. BOX 2000 LEWISBURG, PA 17837		Number of parties to be served in this case	7
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

SCANNED

Signature of Attorney other Originator requesting service on behalf of: <i>Darryl Baker</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		9/13/2005

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date <i>10/4/05</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Shelley Bessing</i>	

Service Fee <i>Ja</i>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges <i>98 1/2</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: *SKC Mailed 9-28-04 98 1/2 8019 2364*

PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

2. Article Number



7160 3901 9842 8019 7364

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee)

 Yes

1. Article Addressed to:

FEDERAL BUREAU OF PRISONS
320 FIRST STREET, N.W.
WASHINGTON, D.C. 20534

3-147, S/C, 9/28/05, SRB

COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Special Handler 9/28/05</i>	
C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
X <i>Special Handler</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
P-3-32	